

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 14a  
OMB No.: 0938-

State: Missouri

Agency\* Citation (s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

\_\_\_ Individuals under the age of--  
\_\_\_ 21  
\_\_\_ 20  
\_\_\_ 19  
\_\_\_ 18  
\_\_\_ Caretaker relatives  
\_\_\_ Pregnant women

TN No. MS-91-44  
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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230 ☒ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
  - \_\_\_ (1) All aged individuals.
  - \_\_\_ (2) All blind individuals.
  - \_\_\_ (3) All disabled individuals.

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |   |   |
|----------------|---|---|
| 42 CFR 435.230 | — | (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                             |
|                | — | (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | — | (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | — | (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | — | (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | — | (9) Individuals in additional classifications approved by the Secretary as follows:   |

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

       Yes.

       No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230  
435.121  
1902(a)(10)  
(A)(ii)(XI)  
of the Act

/X/ 11. Section 1902(f) States and SSI criteria States  
without agreements under section 1616 or 1634  
of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
- X   (2) All blind individuals.
- (3) All disabled individuals.

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N No. 92-06

Supersedes

N No. 91-44

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Agency*	Citation(s)	Groups Covered
	1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act, P.L. 99-509 (Sections 9401(a) and (b))	<p><u>X</u> 13. The following individuals who are described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to a percent of the Federal nonfarm poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <p>(a) Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective April 1, 1987);</p> <p><u>X</u> (b) Children who have attained five years of age but not attained six years of age;</p> <p><u>X</u> (c) Children born after September 30, 1983 and who are age six or older.</p> <p>Infants and children covered under items 13(a) through (c) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p>

\*Agency that determines eligibility for coverage.

TN No. MS-91-40  
Supersedes  
TN No. MS-90-25

Approval Date NOV 25 1991

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Agency*	Citation(s)	Groups Covered
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The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

☐ Yes.

☒ Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)  
(10)(A)  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act,  
P.L. 99-509  
(Section  
9402(a) and  
(b))

\_\_\_ 14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

\_\_\_ As determined under section 1614(a)(3) of the Act; or

\_\_\_ As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

\_\_\_ Under SSI;

\_\_\_ Under the State's more restrictive financial criteria; or

\_\_\_ Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

\*Agency that determines eligibility for coverage.

TN No. MS-87-8  
Supersedes  
TN No. NA

Approval Date JUL 24 1987

Effective Date 4-1-87

HCFA ID: 1036P/0015P

Agency*	Citation(s)	Groups Covered
	1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	<u>X</u> 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined eligible by a qualified provider during a <u>presumptive eligibility period</u> in accordance with Section 1920 of the Act.

C. Optional Coverage of the Medically Needy

435.301

This plan includes the medically needy.

X No.

     Yes. This plan covers:

1. Pregnant women who, except for income and  
resources, would be eligible as  
categorically needy.

\*Agency that determines eligibility for coverage.

TN No. MS-90-27

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TN No. MS-87-8

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |          |     |   |
|----------|-----|---|
| <u>X</u> | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                           |
| <u>X</u> | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                          |
| <u>X</u> | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                       |
| —        | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| —        | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.   |
| —        | (9) | Individuals in additional classifications approved by the Secretary as follows:   |

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

       Yes

  X   No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. MS-91-44

Supersedes

TN No. NA

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